

ART B—ISSUE FEE TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM12/0601

STEVEN F WEINSTOCK
ABBOTT LABORATORIES
D-377/AP6D
100 ABBOTT PARK ROAD
ABBOTT PARK IL 60064-3500

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Karen R. Smith

(Depositor's name)

Karen R. Smith

(Signature)

August 30, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/687,774	06/26/96	018	AULAKH, C.	1612 06/01/99
First Named Applicant	35 USC 154(b) term ext. = 0 Days.			
NORBECK,				

TITLE OF INVENTION METHOD FOR IMPROVING PHARMACOKINETICS | 02/08/2000 BPDWELL 00000004 010025 08687774
01 FC:142 1210.00 CH
02 FC:561 30.00 CH

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 5778.US.01	435-184.000	T75	UTILITY	NO	\$1210.00	09/01/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Steven R. Crowley

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Abbott Laboratories

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Abbott Park, Illinois

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Steven R. Crowley (Date)

Steven R. Crowley, Reg. #31,604 8/30/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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